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Housing the aging :



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HOUSING THE AGING

A report from the

Subcommittee on Housing Needs
Philadelphia County Committee

1961 White House Conference on Aging

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JOSEPH J.BRACELAND
VICE-PRESIDENT

June 17th, 1960

Mr. Charles Warner, Jr., Chairman
Philadelphia County Committee
1961 White House Conference on Aging
1721 Arch Street
Philadelphia, Pennsylvania

Dear Mr. Warner:

I am enclosing herewith the report of the Sub-committee on Housing Needs of the Philadelphia County Committee, 1961 White House Conference on Aging.

I was particularly fortunate in having a committee that was both competent and experienced, and we had, in addition, a wealth of data accumulated by the Philadelphia Housing Association.

We held two meetings that were all too short and the information obtained has been woven into this report. The committee expressed real regret that our task was completed so soon, for we found these meetings to be most stimulating.

We are particularly indebted to Dr. Elfriede Hoeber who coordinated all of the data we accumulated and drafted this report.

Sincerely,

/S/ Joseph J. Braceland

J. J. Braceland
Vice President

JJB/jm

SUBCOMMITTEE ON HOUSING NEEDS
Philadelphia County Committee
1961 White House Conference on Aging

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Report of Philadelphia Subcommittee on Housing
White House Conference on Aging 1961

A. GOALS

Housing for the elderly should provide

- 1) a large variety of accommodations for the varying needs of older people -- for those who are well and want to live independently and can do so, and for those who need or desire various degrees of sheltered environment (excepted are the needs of those who need long-term nursing care);
- 2) housing that is so equipped and serviced as to enable older people to preserve their independence as long as possible;
- 3) housing that enables older persons to maintain social contact with the community and to live useful, happy, satisfying lives.

B. A STATEMENT OF NEED

1. There will be more elderly. By 1980 there will be in Philadelphia half again as many persons sixty-five and over as there were in 1950; there will be 67 percent more people aged seventy-five and over, according to estimates of the Philadelphia City Planning Commission. By 1980 there will be 170 women to every 100 men sixty-five and over, and 204 women to every 100 men seventy-five and over. In other words, there will be more of the elderly, they will be older, and there will be more unattached persons, especially women, than there are today.

2. Incomes are low. Older people's incomes are lower than those of younger age groups; worse, they have been rising more slowly in recent years than those of other age groups. Estimates for Philadelphia, derived from national figures for the urban population, lead to the conclusion that half of this city's unattached individuals sixty-five and over have annual

incomes under \$1,000; and that one-half of the families headed by persons sixty-five and over have incomes under \$3,000. Moreover, the net worth and liquid assets of most of the elderly, especially retired single persons and widows, are too low to allow for substantial supplementation of income through the use of capital resources.

Even if the economic situation of the elderly improves because of social security and private pension plans, retirement will continue to mean a considerable drop in income. Moreover, there is no indication that the financial position of the aged is going to improve relative to other age groups. Thus, the elderly are likely to remain predominantly a low-income group when compared with other age brackets.

3. Many live in unsuitable housing. More than 5,000 households with heads sixty-five and over in Philadelphia lived in substandard housing in 1956. Most of these were among the renters, who constituted one-third of all older households. An unknown number of older persons lived in the substandard housing of others or in housing that was technically "standard", but unsuitable for other reasons: too large, poorly heated, requiring stair climbing, inconvenient location, requiring too much maintenance work, etc.

4. There is no housing to speak of that takes the special needs of older people into account. Philadelphia has nearly 10,000 beds in commercial nursing and boarding homes, nonprofit homes, and the county institution district. These beds accommodate about five percent of the older people, mostly the disabled and the very old. There is, as yet, very little housing designed for older persons who can live independently and desire to do so. The few developments built with the needs and comfort of older people in mind have been immediately oversubscribed and have long waiting lists. York House, a 220-unit high-rental apartment development for older persons was

built under the auspices of the Federation of Jewish Agencies. The Philadelphia Housing Authority has completed one 24-unit development for older people and is about to open 115 units, mostly "efficiencies", at the Hawthorne Square project. An additional 500 units will become available in projects now under construction or in planning. These are important first steps, but not nearly enough to provide for all who seek such quarters.

5. The foregoing factors compound each other. Increasing numbers of the elderly, especially elderly widows, will need housing; they cannot pay much for what they need; the hazards of unsuitable housing become greater as the aging get older. The desire of many to live independently, and yet have access to social contact and services, calls for special types of housing, which as yet, hardly exist at all.

C. WHAT HOUSING FOR THE ELDERLY SHOULD BE LIKE

The elderly are no more a uniform group than any other segment of the population. They are diverse in what they need and what they like. Thus there is no simple single solution that will serve all equally well.

The following criteria for housing the elderly presume the varied needs and desires of the elderly, that most of the elderly are well but that many develop handicaps sooner or later, and that all will benefit if living units are planned so as to make life easy both inside and outside the house.

1. Variety. Housing for older people should provide many different housing types in all kinds of locations, for rent and for purchase, for independent living as well as various types of sheltered and congregate arrangements.

2. The elderly do not want to be separated from the life of the community. The most perfect housing for the elderly will inadequately serve its purpose if it is isolated in location, far from public transportation, shopping, churches, health facilities. Housing for the elderly should be in places which enable the aging to keep in contact with the community, to visit and be visited, to have access to social life and cultural facilities.

Large developments, exclusively for older persons, would appear undesirable except in special circumstances. Generally, small developments will permit better integration with the wider community.

3. Standards must be good. It is obvious that good-quality housing cannot be built cheaply and that improvement in quality is likely to raise cost. It is also evident that minimum-quality housing will not serve the purpose for which it is built, namely to keep older people happy and independent in the community. Minimum quality housing will soon be unsatisfactory, even though at the outset it would be absorbed by a hungry market. Quality need not be luxurious, but new housing especially should take into account that standards are bound to rise.

4. Safety and convenience of dwelling units. All housing built for older people should provide an extra margin of safety and convenience (grab bars, slip-proof floors, more heat, buzzers to call for assistance, etc.), but not all housing needs to be built for the least capable of those who can still live independently. For example, it would be wasteful to plan all units for the elderly so as to accommodate wheelchair users when it is known that less than a quarter are limited in their mobility. But some such units obviously will be useful. A number of excellent publications deal with these and other features of housing for the aged. They include:

Standards of design, housing for the elderly, published by the Massachusetts State Housing Board, 1954; housing requirements of the aged, a study of design criteria, undertaken for the New York State Division of Housing by the Housing Research Center, Cornell University, 1958; housing the elderly, published by the San Antonio Housing Authority, revised edition 1959.

5. Sufficient space inside and out. Housing for older people should be compact but not cramped. Minimum-size efficiency units do not serve adequately the needs of most older people who spend more time at home than do younger persons. In such units it is virtually impossible to have another person sleep in to assist in case of illness, or to have a grandchild visit. Apartments of less than 400 square feet will, generally, not be acceptable even for a one-person household. There may be exceptions in buildings which provide substantial amounts of common space such as dining rooms, recreation rooms, library facilities, infirmaries, etc.

Outdoor space, sheltered from rain and wind, should be easily accessible from the dwelling unit. Studies have shown that elderly people spend more of their time outdoors if the out-of-doors is within easy reach.

6. Housing that the elderly can afford. Since most of the elderly live on limited incomes, most of the housing provided for them must be available at low rents. However, the needs of those who can pay more than minimum rents are urgent, too, especially of those in the older age groups who do not find, at any price, housing geared to their needs.

7. Housing is more than shelter. Housing for older people must provide more than a roof that does not leak and grab bars over the bathtub. Taking the basic essentials of safety and sanitation for granted, housing will do the most for older people if it is related to their need for social contact and for services. In addition to considering these factors in

choosing locations, any organization building for older people should simultaneously consider the availability of services which will help people to keep their independence and increase their sense of security: counseling, visiting nurse and visiting housekeeper services, clubs, etc. Proper housing properly serviced will postpone for many the day when they must seek sheltered care.

There is a need to develop a full range of supporting community services for the elderly. These services should be available to older people regardless of where they live. To those who do not live in housing designed for the aged -- and they will be the large majority -- services are especially important. Some of the necessary services are available in Philadelphia but, generally speaking, in a fragmentized, uncoordinated fashion.

Some sponsors of developments for the elderly may find they can best serve their particular clientele by providing services with shelter. This need not, nor should it, be general policy.

A requirement that all developments for the aged be provided with a variety of services would inevitably have undesirable results. It would lead either to excessively large developments, because only these can support a wide range of services; or to poor services, because small developments cannot support adequate services. If services are tied to housing they would be unavailable to many who need them. In any development designed for the aged it would be desirable however to have a staff person who is familiar with the problems of the aging and with community resources, and who can make proper referrals.

D. RECOMMENDED PROGRAMS

1. Provide the "How-to-do-it". There should be established on the national level an organization (either public or private) whose purpose it

would be (1) to stimulate housing for older people by nonprofit organizations and commercial builders, and (2) to provide minimum-cost technical advice on the planning of developments for the elderly, including design, standards, and financing.

The "Housing for the Elderly Staff" of the Federal Housing Administration is performing part of this function in relation to FHA financed housing. There should be similar staff on an expanded scale, in the Office of the Housing Administrator, to deal with all housing programs for the elderly, not only those aided by FHA.

2. Financing aids to private profit and nonprofit housing. Needed are financing mechanisms to enable nonprofit organizations and private builders to produce housing with minimum equity, aiming at the lowest rents compatible with good standards. In 1956, Congress authorized a special FHA program for the elderly. Now known as Title 231-FHA and providing for 90 to 100 percent, 40-year financing, it is a step in the right direction.

By December 31, 1959 the FHA program had produced throughout the country 2,148 completed units, with 1,764 more under construction. Most of the units are in group housing in an institutional setting.

The 220-unit York House in Philadelphia, completed last year, is the only development under this program in all of Pennsylvania, and none are in the planning stage.

Obviously, there has been no great rush to participate and it would appear that the program is too complicated, or not sufficiently attractive financially, or too stringent in its requirements as to the financial soundness of the sponsoring organizations. The last possibility raises the question as to the need for a device to back up organizations which do not have the financial strength required under FHA regulations.

3. The federal direct-loan program. Last year, Congress authorized a direct-loan program for housing for the elderly, designed to produce housing renting for about \$20 less a month than housing produced under the FHA. The program authorized the Administrator of the Housing and Home Finance Agency to make 98-percent, 50-year loans to nonprofit corporations at about three percent interest ($\frac{1}{4}$ percent more than the average interest on U.S. government obligations) for the construction and rehabilitation of structures furnishing rental housing for the elderly. The program, similar to the college housing loans, as yet lacks an appropriation. Also, the \$50,000,000 authorized could build only a small quantity of housing, even if construction is "not to be of elaborate or extravagant design or materials."

Congress should authorize the funds to get the program started and expand it to a meaningful volume.

A Philadelphia organization is exploring the feasibility of rehabilitating and converting old structures in an urban renewal area under the direct-loan program. The organization hopes to provide decent housing at low rentals for elderly people who for ethnic and religious reasons have ties to the area. It is also hoped that this program will check further blight.

4. Public housing. Congress in 1956 made public housing available to single elderly persons (elderly couples were always eligible), and gave a special priority to elderly applicants. Under these provisions, the proportion of elderly tenants in existing projects has risen rapidly, and many housing authorities, including Philadelphia's, are building special units for the elderly. The program is popular and does not encounter the opposition which public housing for other age groups often runs into.

This program should be expanded. Its special value lies in the fact that it reaches the lowest income group. However, federal regulations under which public housing units are built for the elderly need revision because the efficiency apartments built so far are too small and not all units are equipped as well as they should be.

5. Rehabilitation and conversion of existing structures. The sum of all foreseeable programs for building new housing for the elderly will not be enough to produce the quantity needed. Ways must be found to adapt the existing supply of housing to the needs of the elderly.

a. Conversion of hotels. Hotels that have seen their best days can be converted to congregate housing for the elderly. Existing examples (including the 300-bed Normandie Hotel in Philadelphia) indicate that facilities can be provided at \$80 per month and up, including semi-private room and three meals a day. Prerequisites to successful operation are the availability of structures at reasonable prices and adequate financing devices.

b. Conversion of existing houses. Two-story structures can be converted into apartments for the elderly, providing units of larger size and at lower cost than new construction. This would be a fruitful field for exploration by profit and nonprofit groups, especially in connection with urban renewal. Properly planned and executed versions would be an asset to the community. Technical advice should be available from the service recommended above.

Many elderly homeowners living in houses too large for comfort could convert, obtain additional income, and lessen their maintenance chores. But elderly owners are often unaware of the conversion potential and unfamiliar with the technicalities of conversion: financing, design, code requirements, finding a reliable contractor, etc.

On the local level there should be housing information centers to provide technical advice to elderly homeowners (as well as to others) who want to rehabilitate or convert. Such centers have successfully operated in several cities. They are usually established with the cooperation of public and private organizations, lending agencies, real estate, home builders, building trades, architects, etc. A housing information center could successfully protect the elderly homeowner from the "suede shoe" operators in the home repair field, who have swindled thousands of the unwary.

6. "Foster care" plans. Local welfare departments, county boards of assistance, and private welfare organizations should establish "foster care" plans for the aged.

An example of successful "foster care" is to be found in New York City where the Welfare Department places selected Old Age Assistance recipients in "foster" homes. In Philadelphia, private groups are experimenting with placing older persons who like the idea of living in a family setting as boarders in carefully selected homes where they live as members of the family. The "foster families", most of the time, are middle-aged or elderly couples or persons whose children have left the house and who secure small extra income by utilizing spare space in their homes.

7. The state has a responsibility, too. The Commonwealth of Pennsylvania has an inescapable responsibility toward its older citizens.

At the very least it should concern itself with housing for the elderly, stimulating and coordinating already available programs, and providing technical advisory service to potential sponsors.

More important, the Commonwealth should supplement the federally aided low-rent housing programs for older people.

Where state aid has been available, in New York, Massachusetts, and Connecticut, it has proved to be the most successful device for producing housing for the elderly in meaningful quantity, at good standards, and at low rentals.

Take Massachusetts: since a program of state aid to public low-rent housing for the elderly was initiated in 1954, nearly 2,300 apartments have been built and 700 more are in planning. In dozens of municipalities, big and small, new housing authorities have sprung up and built developments with as few as 20 and as many as 136 units. In many cases, the cities donated the land and sometimes waived taxes; local garden clubs on occasion assisted in planting and in helping tenants with gardens of their own; local civic organizations helped in equipping and staffing activity centers. The result: attractive housing at rents averaging \$50 per unit per month, including all utilities. The quantity is impressive: with three percent of the country's population, Massachusetts built nearly as much housing for the elderly as was produced in the entire nation under the FHA program for the elderly. The secret: an annual state subsidy of $2\frac{1}{2}$ percent (4 percent in special cases) of development cost for 40 years; support from an administration enthusiastic about the program; a state housing board which, from the beginning, has insisted on good standards; the cooperation of many civic groups and numerous localities.

Most states have budgetary problems. In terms of overall budgets, however, the amounts required for subsidies to housing for the elderly are "small sums indeed for the joy and happiness which is readily apparent when one talks to the contented occupants in their own homes," to quote the administrator of the Massachusetts program.

8. Nonprofit homes. In spite of the desire for independent living among older people, the sheer increase in numbers, especially in the seventy-five and over age group, will require an increase in facilities providing sheltered care.

This will be so though the literature on the aging is replete with statements describing the intense dislike with which older people regard institutions. It is not always clear, however, whether the dislike is directed against institutions as such, or against certain types which combine minimum amenity with maximum regimentation.

New concepts and patterns of institutional housing appear to be on the way, both in terms of architectural design and management policies which put the well-being of the clients ahead of management convenience.

Nonprofit homes sponsored by religious and fraternal organizations have traditionally provided congregate housing for older persons. In Philadelphia they are presently furnishing nearly 5,000 beds, which accommodate between two and three percent of the population aged sixty-five and over.

Many of these organizations recognize the growing need and they should be encouraged to expand their operations. Of particular value would be the coordination under one sponsorship of facilities for independent living with facilities for sheltered care. Under such an arrangement -- in Philadelphia available by the coordination of York House with the Home for the Jewish Aged -- older people can live independently and yet feel secure in the knowledge that sheltered care is available when needed.

9. Commercial boarding homes. In Philadelphia commercial boarding homes (excepting the Normandie) accommodate about four hundred older people. They serve a need but are tolerable only if the State's licensing agency enforces minimum standards. The standards must be raised.

10. We must know more. The past ten years have seen a vast increase in the knowledge about the aging in general and their housing needs in particular. However, most program proposals, including the ones made in this report, are based on informed guesses rather than on solid knowledge of the aging population, their desires and needs. Many of the informed guesses stem from familiarity with particular groups of the aged rather than a knowledge of the total picture.

The various new housing types and settings which have become available in recent years or will be built in future years should be carefully studied as to their effects on living patterns. In this experimental phase it is necessary to publicize mistakes so that they will not be repeated, and successful operations so they can be imitated.

Equally needed is research into the effects of services on people's ability to live independently.

Research should be on a continuing basis. Regardless of who carries it out, there should be an agency to stimulate and coordinate the research program.

11. We must tell what we know. Older people are avid newspaper readers -- they have the time and the inclination. At least one Philadelphia newspaper runs an occasional column of advice to the elderly on such matters as retirement programs, budgetary problems, etc. Local newspapers could profitably devote a daily column to the problems of this increasing segment of our population, offering advice on problems of housing, income maintenance, social security, eligibility for public assistance grants, to name a few areas.

FACTS ON PHILADELPHIA'S OLDER POPULATION

1. Population by Age Groups, 1959*

Total population	2,129,000
age 45 - 54	293,400
age 55 - 64	207,300
age 65 and over	201,000

2. Occupied Dwelling Units by Age of Head, 1950 and 1956

	all ages		head under 65	
	#	%	#	%
Occ. dwelling units 1956	600,598	100	497,537	82.8
Occ. dwelling units 1950	<u>584,698</u>	<u>100</u>	<u>502,115</u>	<u>85.9</u>
Change 1950 to 1956	+15,900	+2.7	-4,578	-.9
			+20,478	+24.8

3. Characteristics of Households with Heads 65 Years of Age and Over

	Dwelling Units	Substandard
	#	%
All households with heads 65 and over	103,061	5,125 5.0
Owners	69,614	834 1.2
Renters	33,447	4,291 12.8
male head, wife present	12,058	1,147 9.5
other head	21,389	3,144 14.7

Two-thirds of the households with heads 65 years of age or over live in houses they own, one-third rent. Only 1.2 percent of the owners live in substandard housing, however nearly one in seven of the renters live in housing that is dilapidated or lacking in sanitary facilities. Among the renters, more single persons live in poor housing than couples. The figures do not indicate persons who live in substandard housing of others, such as persons living with relatives or renting rooms in substandard housing.

* Data pertain to Philadelphia unless otherwise indicated.

The Census definition of substandard housing is not an adequate measure of the amount of unsuitable housing occupied by older people. Much housing, though "standard" by the Census definition, is unsuitable for other reasons: large size, poorly heated, requiring stair climbing, inconvenient location, requiring too much maintenance work, etc.

4. Beds in Homes for the Aged, Handicapped, or Infirm, April 1959

Commercial nursing homes	2,740
Commercial boarding homes*	298
Nonprofit homes	4,894
County institution district	<u>1,150</u>
Total	9,082

5a. Incomes of Older People

Median incomes of urban families by age of head, 1955 and 1958

Age of head	Median income 1955	Median income 1958	Increase 1955-1958 \$	Increase 1955-1958 %
14-24	\$3,505	\$3,878	\$373	10.6
25-34	4,672	5,339	667	14.3
35-44	5,295	5,931	636	12.0
45-54	5,717	6,422	705	12.3
55-64	5,061	5,857	796	15.7
65 & over	3,020	3,124	104	3.4
All age groups	4,840	5,469	629	13.0

Median income of urban unrelated individuals by age groups, 1955 & 1958

Age group	Median income 1955	Median income 1958	Increase 1955-1958 \$	Increase 1955-1958 %
14-24	\$1,433	\$1,496	\$ 63	4.4
25-34	2,437	3,285	848	34.8
35-44	2,414	3,019	605	25.1
45-54	2,231	2,757	526	23.6
55-64	1,759	2,134	375	21.3
65 & over	915	996	81	8.9
All age groups	1,476	1,734	258	17.5

* There is some question as to the accuracy of the figure of 298 beds in commercial boarding homes. A 1957 compilation by the State Department of Welfare showed 398 beds. Since then the Normandy Hotel was opened.

The incomes of the older population are substantially below those of other age groups and growing more slowly than those of younger people.

While no recent data are available as to the income situation of older persons in Philadelphia, U.S. Census figures for the entire urban population give a good indication of local conditions.

The median 1958 income of all urban families in the United States was \$5,469. (Half of the families had more than this amount, half had less.) The median income of urban families whose head was 65 years of age or older was \$3,124. The median 1958 income of all "unrelated individuals" in urban areas was \$1,734; for those aged 65 and over it was \$996.

During the three-year period from 1955 to 1958, the median incomes of all urban families increased by 13 percent, while the median for older urban families rose 3.4 percent. The median income of all urban "unrelated individuals" increased by 18 percent, while the median for individuals aged 65 and over increased by 9 percent.

Income in the definition of the Census includes wages and salaries, income from self-employment, social security and private or public pensions, interest, public assistance. It does not include use of savings (beyond the interest), gifts, or voluntary support from relatives.

Incomes in urbanized areas with over 1,000,000 population were higher than urban incomes in general. It is therefore likely that median 1958 incomes of older people in the Philadelphia area were higher than the above figures, possibly in the neighborhood of \$3,300 for families headed by persons 65 or over and about \$1,100 for elderly individuals.

5b. Net Worth and Liquid Assets of Old Age Beneficiaries, 1958.
(National Survey)

<u>Net Worth</u>	<u>Couples</u>	<u>Retired Single</u>	<u>Widows</u>
Lowest quarter had no net worth and less than	\$3,140	0	0
One half had more, one half less than (median)	9,620	\$1,270	\$4,380
Top quarter had more than	19,700	8,090	13,320
<u>Liquid Assets</u>			
Lowest quarter had no liquid assets or less than	14	0	0
One half had more, one half had less (median)	1,580	220	460
Top quarter had more than	6,380	2,510	3,550

The foregoing figures are supplied for it is often said that the figures on the incomes of older people underestimate their financial position, because older people supplement their incomes from savings and other sources. The figures, based on a national survey, indicate that the net worth and the liquid assets of a large proportion of the elderly are below an amount which would permit a supplementation of income to a significant degree.

6. Beneficiaries of Old Age, Survivors, and Disability Insurance, February 1959.

All beneficiaries	144,655
Old age	99,969
Wife's, husband's	22,873
Widow's, widower's	21,363
Parent's	450

7. Old Age Assistance, June 1959

Number of recipients	11,701
Average cash grant per recipient	\$72.61
Total expenditure	\$849,652.00
Maximum allowance for one person	\$102.80
Maximum shelter allowance including utilities	\$53.80
Number of persons receiving nursing home care*	1,676
Average expenditure per person	\$109.48
Total expenditure for nursing home care	\$183,489.00

8. Health and Mobility of Persons 65 Years of Age and Over (National Survey)

	Number	Percent
No chronic illness or disability	3,500,000	23.3
One or more chronic conditions not limiting mobility	8,000,000	53.4
One or more chronic conditions interfering with or preventing ability to get around alone	2,300,000	15.3
One or more chronic conditions, confined to house	700,000	4.7
In institutions	500,000	3.3
	15,000,000	100.0

Sources: Pennsylvania Guide for County Surveys, White House Conference on Aging - data under 1, 4, 6, 7.

US Bureau of the Census, National Housing Inventory 1956 - data under 2 and 3.

US Bureau of the Census, Series P-60, Nos. 24 and 33 - data under 5a.

Statement by Dr. Wilma Donahue, University of Michigan, at hearings held by Subcommittee on Problems of the Aged and Aging, Committee on Labor and Public Welfare, US Senate, 1959 - data under 5b and 8.

* 73 percent of the persons receiving nursing home care through DPA were 65 years of age or older.



